CLAIRIDGE HOUSE 1519-60TH STREET KENOSHA 53140 Phone Operated from 1/1 To 12/31 Days Operate in Conjunction with Hospita Number of Beds Set Up and Staffed Total Licensed Bed Capacity (12/31, Number of Residents on 12/31/02:	s of al? (12/	Operation: 365 Highe	Highest Level License: Skilled						

Services Provided to Non-Residents					Length of Stay (12/31/02)				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26.6		
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No					More Than 4 Years			
Day Services	No								
Respite Care	No		35.9	75 - 84	26.6	İ	100.0		
Adult Day Care		Alcohol & Other Drug Abuse	1.6	85 - 94	28.1	**********			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	6.3	95 & Over	6.3	Full-Time Equivalen	t		
Congregate Meals	No		0.0			Nursing Staff per 100 Re	sidents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No								
Transportation	No	Cerebrovascular	6.3			RNs	9.6		
Referral Service	No	Diabetes	1.6	Sex	용	LPNs	10.6		
Other Services	No	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	15.6	Male	42.2	Aides, & Orderlies	34.8		
Mentally Ill	Yes			Female	57.8	I			
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0	I			
***********	****	**************************************	******** Reimburse	**************** ement	*****	*********	*****		

Method of Reimbursement

				edicaid				Private Pay			Family Care			Managed Care						
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	o/o	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 5	8.5	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.8
Skilled Care	0	0.0	0	52	88.1	113	0	0.0	0	5	100.0	148	0	0.0	0	0	0.0	0	57	89.1
Intermediate				2	3.4	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		59	100.0		0	0.0		5	100.0		0	0.0		0	0.0		64	100.0

Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period						Total						
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of					
Private Home/No Home Health	16.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	26.6		29.7	43.8	64					
Other Nursing Homes	16.1	Dressing	26.6		29.7	43.8	64					
Acute Care Hospitals	64.5	Transferring	50.0		18.8	31.3	64					
Psych. HospMR/DD Facilities	0.0	Toilet Use	31.3		29.7	39.1	64					
Rehabilitation Hospitals	0.0	Eating	57.8		23.4	18.8	64					
Other Locations	3.2	* * * * * * * * * * * * * * * * * * *	******	*****	******	******	*****					
Cotal Number of Admissions	31	Continence		%	Special Treatm	ents	9					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.8	Receiving Re	spiratory Care	6.3					
Private Home/No Home Health	26.9	Occ/Freq. Incontine	nt of Bladder	43.8	Receiving Tr	acheostomy Care	3.1					
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	43.8	Receiving Su	ctioning -	3.1					
Other Nursing Homes	0.0	_			Receiving Os	tomy Care	0.0					
Acute Care Hospitals	7.7	Mobility			Receiving Tu	be Feeding	10.9					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.1	Receiving Me	chanically Altered Diets	23.4					
Rehabilitation Hospitals	0.0	i			-	-						
Other Locations	11.5	Skin Care			Other Resident	Characteristics						
Deaths	53.8	With Pressure Sores		4.7	Have Advance	Directives	100.0					
otal Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	26	1			Receiving Ps	ychoactive Drugs	42.2					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		50	-99	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Faci	lities		
	8 8		% Ratio		Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	70.0	84.7	0.83	87.1	0.80	85.3	0.82	85.1	0.82		
Current Residents from In-County	62.5	81.6	0.77	81.5	0.77	81.5	0.77	76.6	0.82		
Admissions from In-County, Still Residing	29.0	17.8	1.64	20.0	1.45	20.4	1.42	20.3	1.43		
Admissions/Average Daily Census	49.2	184.4	0.27	152.3	0.32	146.1	0.34	133.4	0.37		
Discharges/Average Daily Census	41.3	183.9	0.22	153.5	0.27	147.5	0.28	135.3	0.31		
Discharges To Private Residence/Average Daily Census	11.1	84.7	0.13	67.5	0.16	63.3	0.18	56.6	0.20		
Residents Receiving Skilled Care	96.9	93.2	1.04	93.1	1.04	92.4	1.05	86.3	1.12		
Residents Aged 65 and Older	81.3	92.7	0.88	95.1	0.85	92.0	0.88	87.7	0.93		
Title 19 (Medicaid) Funded Residents	92.2	62.8	1.47	58.7	1.57	63.6	1.45	67.5	1.37		
Private Pay Funded Residents	7.8	21.6	0.36	30.0	0.26	24.0	0.33	21.0	0.37		
Developmentally Disabled Residents	4.7	0.8	5.88	0.9	5.10	1.2	3.97	7.1	0.66		
Mentally Ill Residents	59.4	29.3	2.03	33.0	1.80	36.2	1.64	33.3	1.78		
General Medical Service Residents	15.6	24.7	0.63	23.2	0.67	22.5	0.69	20.5	0.76		
Impaired ADL (Mean)	49.1	48.5	1.01	47.7	1.03	49.3	1.00	49.3	1.00		
Psychological Problems	42.2	52.3	0.81	54.9	0.77	54.7	0.77	54.0	0.78		
Nursing Care Required (Mean)	6.4	6.8	0.95	6.2	1.03	6.7	0.96	7.2	0.90		